

How to File a Prescription Drug Claim

If a participant uses a pharmacy that participates in the prescription drug program, there is no claim to file. The participant will pay the applicable deductible and co-payment at the time of purchase. The prescription drug deductible and co-payment are the participant's responsibility and will not be reimbursed under the prescription drug program or the medical program. ***If a participant uses a pharmacy that does not participate in the prescription drug program***, a paper claim must be filed (*See **Forms** section below for link to print claim form*). A participant can also get a prescription drug claim form by contacting Catamaran. The claim form must be completed in its entirety to avoid delays in processing. Pharmacy receipts must be attached to the claim form. The completed form must be mailed to Catamaran. The participant will be reimbursed the difference between the Plan's allowable charge and the co-payment amount, once the applicable deductible has been met. Any charge for a prescription drug that exceeds the

Plan's allowable charge will be the participant's responsibility and will not be applied toward meeting the deductible or copayment. ***If another coverage is primary***, the claim must be filed with that plan first. When an explanation of benefits (EOB) from the other plan has been received, the claim must be filed with Catamaran. The claim must be filed with a copy of the other plan's EOB and the pharmacy receipts. If the other plan's EOB is not received, the claim will be denied until the information is received.

Time Limit for Claims Filing

A claim should be filed as soon as possible after receiving care.

- **Deadline for Filing Medical Claims:** All claims and any additional information requested must be filed with BCBSMS by the end of the calendar year following the year in which the services were provided.
- **Deadline for Filing Prescription Drug Claims:** All claims and any additional information requested must be filed with Catamaran by the end of the calendar year following the year in which the services were provided.

A Special Note about Medical Claims: BCBSMS does not consider a claim to be received for processing until the claim is actually received in the proper form, with all of the necessary information provided. If BCBSMS needs additional information before the claim can be processed, that information must be promptly submitted but no later than the end of the calendar year following the year in which the services were provided. It is the participant's responsibility to ensure that claims are filed within the time limits. Claims filed after the time limits have expired are not eligible for benefits and will be denied.

Tips for Filing Claims

- **Keep all receipts from non-participating pharmacies and physicians.**
- **File claims promptly.**
- **Use the correct form. (There are separate claim forms for medical and prescription drug benefits.)**
- **Complete the entire form.**
- **Keep a copy of all claims filed.**
- **Mail the claim to the correct address.**

Forms

[Prescription Claim Form](#)

[Prescription Mail Order Form](#)